08957

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge — LENGTH OF STAY (In this place) 43 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1933 Elkridge Heights

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural, give location) 1933 Elkridge Heights

3. NAME OF DECEASED (Type or Print): (First) HORACE (Middle) (Last) CHANEY

4. DATE OF DEATH: (Month) Sept (Day) 28 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Apr 7 1860

9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: B.&O. R.R.

11. BIRTHPLACE (State or foreign country): Prince Georges Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raisn Chaney

14. MOTHER'S MAIDEN NAME: Louise Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Irene Chaney Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X Immediate cause (a) Carcinoma of sigmoid colon — Interval between onset and death 1½ yrs

46x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General carcinomatosis & no (c) Infirmities of age 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Sigmoid Colon

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 19 50, to Sept 28, 19 51, that I last saw the deceased alive on Sept 28, 19 51, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): D.B. Brumbaugh — ADDRESS: 1609 Maint St Elkridge — DATE SIGNED: 9/29/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 1 1951 — NAME OF CEMETERY OR CREMATORY: Zion — LOCATION (City, town, or county) (State): Dorsey Md

DATE REC'D BY LOCAL REG.: Sept 30, 1951 — REGISTRAR'S SIGNATURE: Miss L. Bird Wells

24. FUNERAL DIRECTOR — ADDRESS: H.W. Jenkins Sons Co 4905 York Rd

553506

RECEIVED
OCT 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08958

Reg. Dist. No. 192

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-57

1. PLACE OF DEATH — COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: West Friendship | LENGTH OF STAY (in this place): 74 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: West Friendship.
STREET ADDRESS (If rural, give location): Rural - Marriottsville

3. NAME OF DECEASED (Type or Print): (First) John (Middle) A (Last) Esworthy

4. DATE OF DEATH: (Month) Sept. (Day) 18 (Year) 1951

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED | 8. DATE OF BIRTH: 6-29-1867 | 9. AGE last birthday: 84 yrs. | If under 1 year: Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER (Retired) | 10b. KIND OF BUSINESS OR INDUSTRY: Owner | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Jonathan Esworthy | 14. MOTHER'S MAIDEN NAME: Margaret Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Frances E. Esworthy, Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cysto-pyelo-nephritis	4 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cancer of prostate	5 years.
	(c)	

177X
51b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1950, to Sept 17, 1951, that I last saw the deceased alive on Sept 17, 1951, and that death occurred at 10 15 a.m., from the causes and on the date stated above.

SIGNATURE: J. W. Hertzen | (Degree or title): M. D. | ADDRESS: Sykesville | DATE SIGNED: Sept 18, 1951.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 9-21-1951 | NAME OF CEMETERY OR CREMATORY: McKendree | LOCATION (City, town, or county) (State): Howard Co. Md.

DATE REC'D BY LOCAL REG. 9-21 | REGISTRAR'S SIGNATURE: Alice M Hobbs | 24. FUNERAL DIRECTOR: E. M. Waltz | ADDRESS: Winfield. Md.

105

RECEIVED
SEP 24 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08959

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood Park; LENGTH OF STAY (In this place) 12 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2020 Louden Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood Park; STREET ADDRESS (If rural, give location) 2020 Louden Ave.

3. NAME OF DECEASED (Type or Print): (First) Margie (Middle) Pearl (Last) Fleming

4. DATE OF DEATH: (Month) Sept. (Day) 13th (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 1, 1880

9. AGE last birthday: 71 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Radford Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Miller

14. MOTHER'S MAIDEN NAME: Margaret Borden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Mary Dickerson, Balto, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Haemorrhage	5 days
443X Antecedent cause(s)	(b) Hypertensive Cardio-Vascular Disease	5 yrs
932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1st, 1946 to Sept. 13th, 1951 that I last saw the deceased alive on Sept. 13th, 1951, and that death occurred at 2.30p m., from the causes and on the date stated above.

SIGNATURE Frank Shirley (Degree or title) M.D. ADDRESS Savage, Md. DATE SIGNED 9/15/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 9-17-51 | NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Park | LOCATION (City, town, or county) (State): Dorsey, Md.

DATE REC'D BY LOCAL REG. Sept. 18, 1951 | REGISTRAR'S SIGNATURE Miss Bird Williams

24. FUNERAL DIRECTOR: De Witt Donaldson, Laurel, Md. ADDRESS

RECEIVED
SEP 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

68360

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

1. PLACE OF DEATH: COUNTY Howard; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (rural); LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (rural); STREET ADDRESS (If rural, give location) Old Frederick Road

3. NAME OF DECEASED (Type or Print): (First) Amanda (Middle) Catherine (Last) Funk

4. DATE OF DEATH: (Month) (Day) (Year) 9-27-51 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 8-29-1869

9. AGE last birthday: 82 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Whitmire

14. MOTHER'S MAIDEN NAME: Elizabeth Estop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Charles Funk, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio-Vascular Disease — Interval Between Onset and Death: 3 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

402.1 / 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to 9-27, 1951, that I last saw the deceased alive on 9-27, 1951, and that death occurred at 5 30 A m., from the causes and on the date stated above.

SIGNATURE: George E. Burgess M.D. (Degree or title) ADDRESS: Ellicott City Md. DATE SIGNED: 9-28-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 9-30-51

NAME OF CEMETERY OR CREMATORY: Good Shepherd

LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG.: Sept. 28, 1951

REGISTRAR'S SIGNATURE: John B. Longhman Reg.

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

B.E.L.

RECEIVED
OCT 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08961

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (in this place): 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: R.D.1 Glen Rock Pa — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Rock, Pa.
STREET ADDRESS (If rural, give location): R.D. #1 Glen Rock, Pa

3. NAME OF DECEASED (Type or Print): (First) Deliah (Middle) Rohrbaugh (Last) Gerbrick

4. DATE OF DEATH: (Month) Sept (Day) 1 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 21, 1881

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): York Co, Pa.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Henry Rohrbaugh

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Henry Gerbrick Glen Rock, Pa. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, right lower	2 days
156.1 Antecedent cause(s) 46f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis, Arteriosclerotic Heart Disease	Months
	(c) Liver disease, probable carcinoma with Jaundice	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Paranoid Senile psychosis — 1 mo.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1951 to Sept 1, 1951, that I last saw the deceased alive on Sept 1, 1951, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Irving J. Taylor, M.D.

ADDRESS: Pinel Clinic

DATE SIGNED: Sept 1, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 9/1/51 — NAME OF CEMETERY OR CREMATORY: Lutheran Cem — LOCATION (City, town, or county) (State): Glen Rock York Co Pa.

DATE REC'D BY LOCAL REG.: Sept. 1, 1951

REGISTRAR'S SIGNATURE: John B. Loughman. Pd. B.E.L.

24. FUNERAL DIRECTOR: J. C. Seefole — ADDRESS: Glen Rock, Pa.

RECEIVED
SEP 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08362

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The ... is especially important. Physicians: pl... write the causes of death clearly ...d legibly.

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Craddock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 3 Murray ave

3. NAME OF DECEASED (Type or Print): (First) Benson (Middle) F (Last) Jackson Jr.

4. DATE OF DEATH: (Month) 9 (Day) 18 (Year) 1951

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-31-1879

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): attendant

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Harford County

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Benson F Jackson Jr 1512 N Stricker St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Paraplegia, Atonic Sphincters

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

95C (b) Hypostatic Pneumonia, Advanced with Decubitus Complications

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1951, to Sept 17, 1951, that I last saw the deceased alive on Sept 17, 1951, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Fred Woodring M.D. Elkridge Md 9-19-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 9-22-51 | NAME OF CEMETERY OR CREMATORY: St Lukes | LOCATION (City, town, or county): Lexington | (State): Md

DATE REC'D BY LOCAL REG.: Sept. 20, 1951 | REGISTRAR'S SIGNATURE: Mrs. E. Bird Willis | 24. FUNERAL DIRECTOR: J. C. Argenbright Sons | ADDRESS: Cleveland Ohio

VS. Ay

SEP 24 19[illegible]

[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06563

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct name is specially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge | LENGTH OF STAY (in this place) 11 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Braddock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lundalk Md
STREET ADDRESS (If rural, give location) Rout 3 Box 45

3. NAME OF DECEASED (First) George R. (Last) Fuller Merritt

4. DATE OF DEATH (Month) (Day) (Year) 9-29-51 19

5. SEX Male — COLOR OR RACE Colored

6. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

7. DATE OF BIRTH Sept. 19. 1884

8. AGE last birthday 67 yrs. — If under 1 year Months. — If under 1 day Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) All Round Man

10b. KIND OF BUSINESS OR INDUSTRY On Farm

11. BIRTHPLACE (State or foreign country) South Carolinia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unkown

14. MOTHER'S MAIDEN NAME Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS David Lawrence Lundalk Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, Cirbral Hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19, 1951, to Sept 29, 1951, that I last saw the deceased alive on Sept 27, 1951, and that death occurred at 7.45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. F. Woolridge M.D. ADDRESS Box 212 Rt 1 Elkridge Md DATE SIGNED 9-29-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 10/3/1951 | NAME OF CEMETERY OR CREMATORY Mt Calvery Cem. | LOCATION (City, town, or county) (State) Brooklyn Maryland

DATE REC'D BY LOCAL REG. 10/3/51 | REGISTRAR'S SIGNATURE A W Hedrick | 24. FUNERAL DIRECTOR Elroy O. Wilson | ADDRESS 1010 Brantly ave

47

Item 18 Kilm G136 10-25-51 ams

(2)

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

64

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A'

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Charles & 34th Street ✓

3. NAME OF DECEASED (Type or Print): (First) MANUELITA (Middle) EUGENIA (Last) MUSE
4. DATE OF DEATH (Month) (Day) (Year): September 18 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4/25/1912
9. AGE last birthday: 39 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore - Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joseph E. Muse
14. MOTHER'S MAIDEN NAME: Lavia Travers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Rev. Joseph E. Muse, jr. 62 1/2 Mossway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	
8[illegible]4.7 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 179 X	(b) Paraldehyde intoxication	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Pinel Clinic | (CITY OR TOWN) Ellicott City, Md. (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): 9-18-51 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Ingestion of paraldehyde. (10-25-51 ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

✓ SIGNATURE: William V. Smith (Degree or title) ADDRESS: 700 Fleet St., Baltimore, Md. DATE SIGNED: Sept. 19, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept. 21/51. | NAME OF CEMETERY OR CREMATORY: New Cathedral | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 9/20/51 | REGISTRAR'S SIGNATURE: C W Hedrick | 24. FUNERAL DIRECTOR: Harry A. Wiltse | ADDRESS: 4101 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine-Rural RD#1
LENGTH OF STAY (In this place) 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Cooksville

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine-Rural RD#1
STREET ADDRESS (If rural, give location) Near Cooksville

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) BOARDMAN (Last) ~~NICHOLAS~~ Nichols
4. DATE OF DEATH: (Month) 9 (Day) 15 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 30 Oct 1867
9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): New York City
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Samuel Boardman
14. MOTHER'S MAIDEN NAME: Frances Virginia Mott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Gladys N. McDermott, ~~R. F. D. #1,~~ Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary embolism — Interval between onset and death: 5 mins

465X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
106 c
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. acute bronchitis — 10 days

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 28, 1951, to Sept 15, 1951, that I last saw the deceased alive on Sept 14, 1951, and that death occurred at 10 15 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles S. Whitaker, M.D. Clarksville, Md. Sept 15, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE THEREOF: 17 Sept 1951 | NAME OF CEMETERY OR CREMATORY: Fort Lincoln Crematory | LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: 15 Sept 1951 | REGISTRAR'S SIGNATURE: E. Pearl Mercer, Lisbon, Md.

24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08966

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dayton
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brinklow
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): Florence (First) May (Middle) Powell (Last)

4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: ? 1936

9. AGE last birthday: 15 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown Student

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Montgomery County, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William H. Powell

14. MOTHER'S MAIDEN NAME: Bertha L. Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Lillian L. Powell, Brinklow, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
9/1X Immediate cause	(a) Gunshot wounds right breast left neck and left apilla with perforation of heart	instant
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: gunshot wound right thigh

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Lane farm
(CITY OR TOWN): near Dayton (COUNTY): Howard (STATE): Md
TIME OF INJURY: (Month) 9 (Day) 3 (Year) 1951 (Hour) 9 a.m. p.m.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Gunshot wound right breast, left neck and left thigh

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide X, undetermined ___.*

SIGNATURE: George E. Burtoft (Degree or title) M.D. ADDRESS: Ellicott City, Md. DATE SIGNED: 9-3-51
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 7, 1951 — NAME OF CEMETERY OR CREMATORY: Daisy Methodist — LOCATION (City, town, or county) (State): Daisy, Maryland.

DATE REC'D BY LOCAL REG.: 9/4/51 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: ~~Washington Street Undertaking Co.~~ Robert L. Snowden — ADDRESS: md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

68367

Reg. Dist. No. 191

1. PLACE OF DEATH
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): Montgomery Road

3. NAME OF DECEASED (Type or Print): (First) August (Middle) Rex (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 9-6-51 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-14-1873

9. AGE last birthday: 78 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Rex

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Effie Rex, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardio-Vascular Disease — 5 years

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

93d (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1948, to 9-6, 1951, that I last saw the deceased alive on 9-6, 1951, and that death occurred at 3 45 P m., from the causes and on the date stated above.

SIGNATURE: George E. Durgin M.D. (Degree or title) ADDRESS: Ellicott City, Md. DATE SIGNED: 9-8-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9-9-51
NAME OF CEMETERY OR CREMATORY: St. Johns
LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG.: Sept. 8, 1951
REGISTRAR'S SIGNATURE: John B. Loughran. Pro. B. E. L.

24. FUNERAL DIRECTOR AND ADDRESS: F.C. Higinbothom, Ellicott City, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Eliza (Last) Thompson

4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8/13/71

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Howard County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Reese Sullivan

14. MOTHER'S MAIDEN NAME: Agnes Donohue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS: Mr. Paul C. Thompson, Highland, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) acute cardiac failure	24 hrs.
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) arteriosclerotic cardiovascular renal disease	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. diabetes mellitus — 10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1951, to Sept 27, 1951, that I last saw the deceased alive on Sept 27, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles S. Whitaker, M.D. ADDRESS: Clarksville, Md. DATE SIGNED: 10/1/51

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: 10/1/51 | NAME OF CEMETERY OR CREMATORY: St. Louis Cath. Church Cemetery, | LOCATION (City, town, or county) (State): Howard County Md.

DATE REC'D BY LOCAL REG. 10-2-51 | REGISTRAR'S SIGNATURE: Marie E. Whitaker | 24. FUNERAL DIRECTOR: Warner Funeral Company ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
OCT 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8369

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard — STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
   LENGTH OF STAY (In this place) 6 wks
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 18,
   STREET ADDRESS (If rural, give location) 4 East 30th St.

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) (Last) Watts

4. DATE OF DEATH: (Month) (Day) (Year) September 12 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 15, 1903

9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Actuary

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Sioux City, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John F. Watts

14. MOTHER'S MAIDEN NAME: Amanda Mowry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Franklin Watts - 200 E. 66th St., N.Y.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bilateral pneumonia — 1 day

274X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 65b

(b) Adrenal Insufficiency — 2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Depressive Psychosis — 3 mos.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30 1951 to Sept 12 1951, that I last saw the deceased alive on Sept 12 1951, and that death occurred at 8:20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Irving J. Taylor M.D. Pinel Clinic, Ellicott City, Sept 12/51

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: 9 - 15 - 51 | NAME OF CEMETERY OR CREMATORY: Druid Ridge | LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 9-15-51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: John O. Mitchell & Sons, Inc.-1900 Eutaw Place

M B Mitchell

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
LENGTH OF STAY (in this place) 19 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ledmbert Pike

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural, give location) Columbia Pike

3. NAME OF DECEASED (Type or Print): (First) Gilbert (Middle) Rubin (Last) Wessel

4. DATE OF DEATH: (Month) Sept (Day) 24 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 9, 1932

9. AGE last birthday: 19 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Howard Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herbert William Wessel

14. MOTHER'S MAIDEN NAME: Gertrude Tillson Hines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr Herbert Wessel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic fever

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 11 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1940, to Sept 24, 1951, that I last saw the deceased alive on Sept 23, 1951, and that death occurred at 1:45 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert D. Gregg M.D. 402 Main St Laurel Md 9/24/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 26, 1951 — NAME OF CEMETERY OR CREMATORY: St Pauls Cemetery — LOCATION (City, town, or county) (State): Fulton, Maryland

DATE REC'D BY LOCAL REG.: Sept 26-51 — REGISTRAR'S SIGNATURE: Marie A. Whitaker — 24. FUNERAL DIRECTOR: DeWitt Donaldson — ADDRESS: Laurel Md

Revised 1, 1951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08971

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Howard; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Highland
LENGTH OF STAY (In this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route #29 at home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Highland
STREET ADDRESS (If rural, give location): Route #29

3. NAME OF DECEASED (Type or Print): (First) Hannah (Middle) Becker (Last) Wiesinger
4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1951

5. SEX: f.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: 6-24-1892
9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ---Becker
14. MOTHER'S MAIDEN NAME: Clara Schultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 45 minutes

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) –
83a (c) –

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): George E. Burgdorf M.D.
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY
ADDRESS: Ellicott City, Md.
DATE SIGNED: 9-20-51

23. BURIAL CREMATION REMOVAL (Specify) | DATE THEREOF: 9-22-51 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem | LOCATION (City, town, or county): Pr. George's Co. (State): Md.

DATE REC'D BY LOCAL REG.: Sept. 28, 1951
REGISTRAR'S SIGNATURE: John B. Langhlan Pro. B. & L.
24. FUNERAL DIRECTOR: S. H. Hines Co. ADDRESS: 2901-14th St N.W. WASH. D. C.

RECEIVED
OCT 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08972

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Hanover | LENGTH OF STAY (In this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 19 B, Stony Run Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hanover
STREET ADDRESS (If rural give location) Box 19 B, Stony Run Road

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) WOSK
4. DATE OF DEATH: (Month) Sept. (Day) 22, (Year) 1951.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Nov. 11, 1885	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin Wosk
14. MOTHER'S MAIDEN NAME: Rozalia Koropatwinska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ---
17. INFORMANT: Mrs. Mary Wosk, Hanover, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Colon

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

146 e (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb 1951	Cancer of Colon	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 25, 1951, to Sept 22, 1951, that I last saw the deceased alive on Sept 22, 1951, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thos. D. Woolridge M.D. McBerry Eldridge 22 Md 9-24-1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/26/51	Holy Rosary	Baltimore Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9/25/51	Rev. Hedrick	M.F. Sadowski & Sons, 1808 Eastern Avenue

VS/A15

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